			(=)
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft Glass		
5.			
6. 7.	Fidelity Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		<u> </u>
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	670,106	-7.2
14.	Crop Hail		
15.	Other		
	Line of Insurance		
		territories) or certain classes? If so, specify	•
		we rates of an advisory organization, specify	organization):
rief		vs rates of an advisory organization, specify	
	description of filing. (If filing follow	vs rates of an advisory organization, specify	
Brief Rate * A * C	description of filing. (If filing follow	vs rates of an advisory organization, specify am	
Brief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify am	
rief Rate * A	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify m ges. which will	rican Automobile Insurance
Brief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify am	rican Automobile Insurance pany
Brief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify m ges. which will	rican Automobile Insurance
Brief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify am es. which will American	rican Automobile Insurance pany Name of Company
rief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify am ges. which will Amer Com	rican Automobile Insurance pany Name of Company am Paukovitz, Senior Vice
Brief Rate * A * C	description of filing. (If filing follow filing on independently rated programme of the filing on independently rated programme of the filing follows: djusted to reflect all prior rate change in Company's premium level	vs rates of an advisory organization, specify am ges. which will Amer Com	rican Automobile Insurance pany Name of Company am Paukovitz, Senior Vice dent, Chief Compliance

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (IIInois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage	-	
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	920,166	-7.2%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
No			
		s rates of an advisory organization, specify	organization):
Kate	filing on independently rated program	1	
		_	
* A	diusted to reflect all prior rate change	•	
	djusted to reflect all prior rate change hange in Company's premium level w		

The American Insurance Company
Name of Company

William Paukovitz, Senior Vice President, Chief Compliance Officer

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rat	9/15/09	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
•	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$45,340	-2.7%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
D 0			
No No	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
Brief d	lescription of filing. (If filing follows	s rates of an advisory organization, specify of	organization):
	ment Breakdown Revision		,

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Ansur America Insurance Company Name of Company

Sarah Jones R&D Analyst II

	(1)	(2)	(2)
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	1	
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	113,062	-7.2
	Crop Hail		
14.	Crop Hair		
14. 15.	Other		
15. oes 1	Other Line of Insurance Tling only apply to certain territory (territories) or certain classes? If so, specif	y:
15. Poes t No	Other Line of Insurance filing only apply to certain territory (
15. Does to No	Other Line of Insurance filing only apply to certain territory (rs rates of an advisory organization, specif	y organization):
15. Does to No	Other Line of Insurance Table 1	rs rates of an advisory organization, specif	y organization):
15. Does to No Brief of Rate	Other Line of Insurance Table 1	rs rates of an advisory organization, specif m	y organization):
Ooes for No Brief of Rate	Other Line of Insurance Table 1	es rates of an advisory organization, specifim	y organization):
Ooes to No Brief of Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifim	y organization):
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifim	y organization):
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifim	y organization):
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifim	y organization):
15. Poes fine No Brief Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifing	y organization):
* A * C	Other Line of Insurance Table 1	es rates of an advisory organization, specifing	y organization):
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	es rates of an advisory organization, specifing	y organization):
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	es. which will Asso	y organization): ociated Indemnity Corporation Name of Company
15. Does 1 No Brief c Rate * A	Other Line of Insurance Table 1	rs rates of an advisory organization, specifing es. which will Asso	y organization):

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's p	premium or rate	level produced by	rate revision
effective 07/01/2009		,	

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
A	utomobile Liability Private		
	assenger		
	ommercial		
Α	utomobile Physical Damag		
	rivate Passenger		•
	ommercial		
Li	ability Other Than Auto		
	urglary and Theft		
	lass		
Fi	idelity		
	urety		
	oiler and Machinery		
	ire		
E	xtended Coverage		
	land Marine		
H	omeowners		
C	ommercial Multi-Peril	333,282	-1.9%
С	rop Hail		
0	ther		
	Life of Insurance		
C	oes filing only apply to certa classes? If so, pecify: <u>No</u>	ain territory (territories) o	r certain
_	wint department of filling (16.4	Clina fallows rates of an a	
	rief description of filing. (If f Organization, specify	ming rollows rates of an a	auvisoi y
	rganization):	We wish to adopt the	ISO Revised Terrorism Loss
	Cost for our commercial fire/allied		
_	Joseph Committee and the James	inico programi. Wo wiii bo ad	opting of 2000 to 120.
*/	Adjusted to reflect all prior ra	ate changes.	
**	'Change in Company's premates.		ılt from application of new
		Bancinsure, Inc.	
			me of Company
			sistant Vice President

Change in Company's premium or	9-1-2009 NB, 11-1-2009 RB	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commo		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		The state of the s
12. Homeowners13. Commercial Multi-Peril	\$11,446,638	3.6%
14. Crop Hail	\$11,440,030	3.070
15. Other		
Line of Insurance		
Emo of modranos		
Does filing only apply to certain ter	ritory (territories) or certain classes? If so, specify:	
	_	
	ollows rates of an advisory organization, specify or	ganization):
Please refer to the enclosed Actuarial Memo	orandum.	
*Adjusted to reflect all prior rate ob	angoo	
*Adjusted to reflect all prior rate ch	lariges. level which will result from application of new rates	•
Change in Company's premium	level which will result from application of new rates	
	Consolin	dated Insurance Company
	**************************************	Name of Company
	·	·y
	Amy LaCro	oix, Regulatory Filing Analyst
		Official – Title

	Change in Company's premium of fa-	te level produced by rate revision effective	8/1/2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
2		<u></u>	
3. 1	Liability Other Than Auto Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
o. 9.	Fire		
9. 0.	Extended Coverage		
1.	Inland Marine	4.0.4.4	
2.	Homeowners		
3.	Commercial Multi-Peril	58,155	-7.2
4.	Crop Hail	30,133	
5.	Other		
	Line of Insurance		
No rief		s rates of an advisory organization, specify	organization):
	djusted to reflect all prior rate change	20	
* C	hange in Company's premium level vesult from application of new rates.		
* C	hange in Company's premium level v		
* C	hange in Company's premium level v	vhich will	nan's Fund Insurance Company Name of Company

ILLINOIS DEPARTMENT OF INSURANCE

Summary Sheet (Form RF-3)-IL Commercial Property Program

Change in Company's premium or rate level produced by rate revision Effective: New Business 07/01/2009 and Renewal 07/01/2009.

(1)		(2)	(3)
		Annual Premium	Percent
<u>Cover</u>	age	Volume (000's) *	Change (+or-) **
1. Automobile Liabil	ity Private		
Passenger			
Commercial			
2 Automobile Phys	ical Damage		
Private Passenge	er		
Commercial			
3. Liability Other Th	an Auto		
4. Burglary and The	eft		
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machi	nery		
9. Fire	-		
10. Extended Covera	nge .		
11. Inland Marine			
12. Homeowners			
13. Commercial Mult	i-Peril	172	-4.82%
14. Crop Hail			
15. Other			
Life of Insu	rance		

Does filing only apply to certain territory (territories) or certain

Classes? If so,

No. All Classes and Territories will be affected.

Specify:

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Made various adjustments to the Business Income Base Rates and Construction Factors.

**Change in Company's premium level which will result from application of new rates.



JUN 1 6 2009

Name of Company David Mirza-Vice President Official - Title

FOUNDERS INSURANCE COMPANY

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

	Change in Company's premium or rat	9/15/09	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	,	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$5,052,584	-1.7%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
	description of filing. (If filing followment Breakdown Revision	s rates of an advisory organization, specify of	organization):

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com Name of Company

Sarah Jones R&D Analyst II

Change in Company's premium or rate level produced by rate revision effective _			9-1-2009 NB, 11-1-2009 RB
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail	\$7,427,392	3.5%
15.	Other Line of Insurance		
Doe	es filing only apply to certain territory (terr	ritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows rate see refer to the enclosed Actuarial Memorandum.	es of an advisory organization, specify or	
	ljusted to reflect all prior rate changes. hange in Company's premium level whic	h will result from application of new rates	
			na Insurance Company
		,	lame of Company
		Amv LaCro	oix, Regulatory Filing Analyst
			Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	effective Augu	any's premiur ist 1, 2009	n or ra	e level produced	d by rate revision		
-	(1)		Δnr	(2) nual Premium	(3) Percent		
-	Coverage	ge .		ıme (Illinois) *	_ Change (+or-) **		
1.	Automobile Liabi			1110 (111111013)	- Change (*OI-)		
	Passenger	,					
	Commercial		——				
2	Automobile Phys	ical Damag					
	Private Passenge	er					
	Commercial						
3.	Liability Other Th	an Auto		** ************************************			
4.	Burglary and The						
5.	Glass						
6.	Fidelity	•					
7.	Surety	•					
8.	Boiler and Machi	nen/					
9.	Fire	ilei y					
10.	Extended Covera						
11.	Inland Marine	ge .					
12.	Homeowners	-					
13.		Dowll -					
13. 14.	Commercial Multi	-Peni	450,	252	+4.5%		
15.	Crop Hail Other	-			· · · · · · · · · · · · · · · · · · ·		
10.							
	Life of Insurance						
	Does filing only apply to certain territory (territories) or certain						
	Classes? If so,			1 •	· · · · · · · · · · · · · · · · · · ·		
	specify:	N/	A	/ 1			
	Brief description of filing. (If filing follows rates of an advisory						
	Organization, spe	ecify	Ü		,		
	organization):	-		Increase base	rates for all classes		
				· · · · · · · · · · · · · · · · · · ·			
	*Adjusted to refle						
		pany's premiu	ım leve	l which will resu	It from application of new		
	rates.						
DIVISION	OF INSURANCE				tual Insurance		
STATE	OF ILLINOIS/IDFPR			Na	ame of Company		
RE	JEIVED			Beverly	Barber - Compliance		
MΛ	Y 08 2009			_	Official - Title		
רוזור	, 50 2000		4	~ 0.60	·		
		In his	C71	BOP 09003	S-II_		
SPRING	FIELD, ILLINOIS	TIMIN	0	001 0 7000			

(Change in Company's premium or rat	e level produced by rate revision effect	ive <u>8/1/2009</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	$\underline{\text{Change } (+ \text{ or -})^{**}}$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	323,670	7.2
14.	Crop Hail		
15.	Other		
Does f	Line of Insurance	erritories) or certain classes? If so, spec	eifv:
No	ining only apply to contain territory (
		s rates of an advisory organization, spec	cify organization):
Rate	filing on independently rated program	n	
			ar and sometime, assume, a
* A	djusted to reflect all prior rate change	es.	
	hange in Company's premium level w		
re	sult from application of new rates.		
		27	1.0
		<u>N</u>	ational Surety Corporation
			Name of Company
		W	Villiam Paukovitz, Senior Vice
			resident, Chief Compliance
			fficer
			Official - Title

Cha	ange in Company's premium or rate level	produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners	000 004 570	E 00/
	Commercial Multi-Peril	\$26,031,572	5.9%
	Crop Hail		
15.	OtherLine of Insurance		
	Line of insurance		
Doe	es filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Dair	of description of filing (If filing follows rate	as of an advisory organization, anality or	appization):
	ef description of filing. (If filing follows rate se refer to the enclosed Actuarial Memorandum.	es of an advisory organization, specify or	gariizatiori).
Plea	se refer to the enclosed Actuarial Memorandum.		
		A MANUAL CONTRACTOR OF THE PROPERTY OF THE PRO	- In the second
*Ad	justed to reflect all prior rate changes.		
	hange in Company's premium level whic	h will result from application of new rates	i.
Ŭ	nange in Company o promisin level willo	The trade from application of their rates	•
		The Nethe	erlands Insurance Company
			lame of Company
			•
		Amy LaCro	oix, Regulatory Filing Analyst
			Official Title

Change in company's premium or rate leve	el produced by rate revis	ion effective	11/1/2009
(1)	(2) Annual Premium		(3) Percent
<u>Coverage</u>	Volume (Illinois)*	•	Change (+ or -)
1. Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			•
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage	,		
11. Inland Marine			·
12. Homeowners			
13. Commercial Multi-Peril	\$2,996		2.2%
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain clas	sses? If so_specify:	No
bood ming only apply to dollar to more, (
Duine description of Elima (16 Elima follows	notes of an advisant arms	mination anasifi ara	onization \:
Brief description of filing (If filing follows		anization, specify org	anization).
Adoption of ISO Loss Cost, BP-2009-RLA	N.		
	· · · · · · · · · · · · · · · · · · ·		

North American Elite Insurance Company Name of company

Official-Title Statistical Assistant

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

Cha	ange in Company's premium or rate level	produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto	·····	
4.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril	\$5,949,523	5.1%
	Crop Hail	ψ0,343,020	0.7,0
	Other		
10.	Line of Insurance		
	Elife of friburarios		
Doe	es filing only apply to certain territory (terr	itories) or certain classes? If so, specify:	:
Brie	ef description of filing. (If filing follows rate	s of an advisory organization, specify or	ganization):
Plea	se refer to the enclosed Actuarial Memorandum.		
	justed to reflect all prior rate changes.		
**C	hange in Company's premium level which	n will result from application of new rates	5.
		Decided to	adamatika Imaamaaa Cananaaa
			Idemnity Insurance Company Name of Company
		'	value of Company
		Aroust of Cr	oix, Regulatory Filing Analyst
		Ally Lable	Official – Title

Cha	ange in Company's premium or rate leve	el produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
2	Private Passenger Commercial		
3.	Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	- Harris Hill
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		1170
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril	\$3,320,893	4.3%
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Brid	of description of filing (If filing follows ra	ites of an advisory organization, specify org	panization):
	ase refer to the enclosed Actuarial Memorandum.	ties of all advisory organization, opening or	
	ljusted to reflect all prior rate changes. hange in Company's premium level whi	ich will result from application of new rates	
		Peerle	ss Insurance Company
		N	ame of Company
		Amy LaCro	ix, Regulatory Filing Analyst
			Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		09/01/2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial _			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery _			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners	00-111	44 700/	
13. Commercial Multi-Peril	\$67,114	-11.76%	
14. Crop Hail			
15. Other Line of Insurance			
Line of insurance			
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify	y: No	
Brief description of filing. (If filing follows recompany's Commercial Liability Exception for these revisions to become effective for to the AAIS Manuals for the State of Illinois	Pages, edition 07-08, and our Illinois Su all policies written on or after September		
*Adjusted to reflect all prior rate changes.			
**Change in Company's premium level wh	ich will result from application of new rate	s.	
	Pharmacists	s Mutual Insurance Company Name of Company	
	Janine l	M MacVey, Rate Analyst Official – Title	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or r	rate level produced by rate revision
effective July 15, 2009	

C	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	le Liability Private		Change (101-)
Passenge	•		
Commerc			
	le Physical Dama	q	
Private Pa		3	•
Commerc			
Liability O	ther Than Auto		
Burglary a			
Glass			
Fidelity			
Surety			
Boiler and	Machinery		
Fire	•		
Extended	Coverage		
Inland Ma	rine		
Homeown	ers		
Commerc	ial Multi-Peril	2,776,703	-0.2
Crop Hail			
Other			
Lit	fe of Insurance		
Classes?	If so,	rtain territory (territories) o	
specify:	Yes.	Filing is to introduce new hospita	ality program and associated classes.
	tion, specify ion):	If filing follows rates of an a Filing introduces rates I classes and restaurants.	advisory for our new hospitality program and

Westfield Insurance Company

Name of Company
Cassie VanValkenburgh - Line of Business Specialist
Official - Title

hange in company's premium or rate lev	el produced by rate revis	sion effective	11/1/2009
(1)	(2) Annual Premium		(3) Percent
Coverage	Volume (Illinois)*		Change (+ or -)
1. Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial		-	
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. surety			
8. Boiler and Machinery			in in the second second
9. Fire			
10. Extended Coverage	**************************************		
11. Inland Marine			
12. Homeowners		:	
13. Commercial Multi-Peril -	\$879,570		-0.3%
14. Crop Hail	ΨΦ10,010		<u> </u>
15. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify:	No
, coog c, app,, as contain to, (, , , , , , , , , , , , , , , , , , , ,	,,	***************************************
·			·
Brief description of filing . (If filing follows	rates of an advisory orga	anization, specify orga	nization):
Adoption of ISO Loss Cost, BP-2009-RL	A1 ·		

Westport Insurance Corporation

Name of company

Official-Title Statistical Assistant

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.